

## TRAVEL EXPENSE CLAIM

STD. 262 (REV. 10/92)

See Instructions and Privacy  
Statement on Reverse Side

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CLAIMANT'S NAME Tracy Arnold		SSAN OR EMPLOYEE NUMBER	DEPARTMENT Governor's Office
POSITION Director, Jobs and Economic Growth	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS State Capitol Building	TELEPHONE NUMBER
		CITY Sacramento	STATE CA
		95814	

Apr-09		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
22-Apr	5am	SMF to ONT and back						279.20	Airline	9.00 15.00	0.00		294.20
29-Apr	9:30am	SMF to SNA and back						342.39	Airline, ren	9.00 15.00	0.00		357.39
											0.00		0.00
											0.00		0.00
											0.00		0.00
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	621.59	0.00	30.00	0	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL

639.59

~~\$651.59~~

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

4/22: Staffing GAS at Solar Announcement on Earth Day

4/29: Staffing GAS during visit to Edwards Life Sciences

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240543

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE 5/6/09	SIGNATURE	DATE 5-18-09
SIGNATURE		DATE 6-1-09	